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**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

FEC MAIL CENTER

1. (a) Name of Candidate (in full) LARRY W KISSELL			2. Identification Number H6NC08111	
(b) Address (number and street) 153 KISSELL DRIVE			<input type="checkbox"/> Check if address changed	
(c) City, State and ZIP Code BISCOE NC 27209			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NC 08		

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) KISSELL FOR CONGRESS		
(b) Address (number and street) P.O. Box 1530		
(c) City, State and ZIP Code Biscoe NC 27209		

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) See Attached		
(b) Address (number and street)		
(c) City, State and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate LARRY W KISSELL	Date 1-24-11
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**NOTE:** Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 02/2009)

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JARED POLIS VICTORY FUND

(b) Address (number and street)

PO BOX 1174

(c) City, State and ZIP Code

SPRINGFIELD

22151

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Federal Election Commission  
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*1mW*  
PREPARER  
(3/2005)

*2/1/11*  
DATE PREPARED

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